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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. United Postmasters and Managers of America Political Fund (UPMA PAC) 8 Herbert Street ADDRESS (number and street) (Check if address is changed) Alexandria 22305-2600 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dravenelle@unitedpma.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00100404 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Ravenelle, David, , Mr., Type or Print Name of Treasurer Ravenelle, David, , Mr., [Electronically Filed] 10 17 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

	Office			For further information contact:
1	Use			Federal Election Commission
	Only			Toll Free 800-424-9530 Local 202-694-1100

EEC	Form 1 (Revised 02/2000)	Page 2
	Form 1 (Revised 02/2009) COMMITTEE	raye Z
Candida	ate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affil	55	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)		(Democratic, Republican, etc.) Party
Politica	Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
_	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Co	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ne	
United Postmas	ters and Managers of America Political Fund (U	IPMA PAC)
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
United Postmasters a	and Managers of America	
Mailing Address	8 Herbert Street	
	Alexandria VA 22305-260	
	CITY STATE Z	ZIP CODE
Relationship: x Connected	ed Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in poss	ession of committee
Ravenell Full Name	e, David, , Mr.,	
	8 Herbert Street	
Mailing Address		
	22205-26	20
	Alexandria VA 22305-260	
Title or Position	CITY STATE Z	IP CODE
Treasurer	Telephone number 703 – 6	9027
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	ne and address of
	e, David, , Mr.,	1
of Treasurer	8 Herbert Street	
Maining Address		
	Alexandria	00 _
		IP CODE
Title or Position Treasurer	703 6	83 9027

Telephone number

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Ravenelle, David, , Mr.,	
Mailing Address	8 Herbert Street	
	Alexandria VA 22305 CITY STATE Z	ZIP CODE
Title or Position Treasurer		83 9027
 Banks or Other safety deposit box Name of Bank, D 	Depositories: List all banks or other depositories in which the committee deposits funds, holds xes or maintains funds. Depository, etc. Wells Fargo Bank	accounts, rents
	PO Box 63020	
Mailing Address	1	
	San Fransisco CA 94163	
	CITY STATE 2	ZIP CODE
Name of Bank, D	Depository, etc.	
	BBT Bank 300 S. Washington Street	
Mailing Address	1	
	Alexandria VA 22314	
	CITY STATE 2	ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This amendment is the result of the merger of the National Association of Postmasters of the U.S. (NAPUS) and the National League of Postmasters of the U.S. (NLPM) on November 2016. The PACs affiliated with NAPUS and NLPM are also merging, with the successor PAC, Postmasters and Managers Political Fund (UPMA PAC) assuming the FEC ID of NAPUS PAC for Postmasters.

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g) (or(h). Joint Fundraisi n	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	=	Organization, Affiliated Committee, Joint Fundra		
	Mailing Address	5904 RICHMOND HWY SUITE 500		
		ALEXANDRIA	VA	22303-1864
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization X Affiliated Committee Joint F	Fundraising Represent	ative Leadership PAC Sponsor
8.		y by name, address (phone number - optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	1	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Signate	CITY CITY Tele ries: List all banks or other depositories in which the aintains funds.	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY ▲ Tele ries: List all banks or other depositories in which the aintains funds. ure Federal Credit Union	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY ▲ Tele ries: List all banks or other depositories in which the aintains funds. ure Federal Credit Union	ephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 s

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h). Joint Fundraising		FEC ID number	C
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID Hullibei	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depository, etc. Atlanta	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds. Postal Credit Union	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds. Postal Credit Union	STATE A	ZIP CODE A